

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027569

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4099 Registrar's No. 128

DO NOT WRITE
ON THIS STUB

AMENDED

1. PLACE OF DEATH
a. COUNTY Cass

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Pleasant Hill

Length of stay in 1b
53 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Cass

c. CITY OR TOWN Pleasant Hill

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 1012 N. Highway 7

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1012 N. Highway 7

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Artie Lee Greene

4. DATE OF DEATH
Month Day Year
July 31 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
8-7-1886

9. AGE (last birthday)
76

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Florist

11. BIRTHPLACE (City and state or country)
Jackson County

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Beal Greene

13b. MOTHER'S MAIDEN NAME

Lee Fristoe

14. NAME OF HUSBAND OR WIFE

Alice Constable Greene

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Alice Greene - Wife 1012 N. Hiway 7

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchial Pneumonia

INTERVAL BETWEEN ONSET AND DEATH
12 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Metastatic carcinoma to lungs & liver

1 year

DUE TO (c)

Carcinoma of the prostate gland

4 years?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ N. ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1960 900/p to 7-31-63 and last saw her alive on 7-31-63
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Raymond E. Greenlee, D.O.

22b. ADDRESS

Pleasant Hill, Mo

22c. DATE SIGNED

8-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

8-3-63

23c. NAME OF CEMETERY OR CREMATORY

Pleasant Hill Cemetery

23d. LOCATION (City, town, or county)

Pleasant Hill

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Wallace Funeral Home Pleasant Hill Mo. 8-5-63

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Ray J. Schree

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10193

20193

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9 177X

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11

12 90-2

13 2-0

02-71-881

AUG 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James C. Wallace

Licensed Embalmer No. 3921

P. O. Address Pleasant Hill, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.